

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT FIELD OFFICE V
Regional Government Center, Rawis, Legazpi City, Albay
REQUEST FOR QUOTATION

DRN:
End-User: **HRMDD**

Company Name _____	P.R. No. F 2404-0216
Company Address _____	Date: May 03, 2024
Contact No. _____	MOP Sec.53.9 Small Value Procurement
PhilGEPS Certificate No. _____	TIN NO. _____

Please quote your lowest government price for the following item(s) specified below. Check/tick the "COMPLY" box if bidder complies with the specifications. A quotation containing unchecked/unchecked "COMPLY" boxes would be automatically rated as "FAILED".

ITEM NO.	QTY.	UNIT	ITEM DESCRIPTION AND SPECIFICATIONS	Kindly tick the box to signify compliance to the specs.	UNIT COST	TOTAL COST
			PROVISION OF FOOD(PACKED) FOR THE BALL GAME PLAYERS DURING THE DSWD FO V WELLNESS FEST ACTIVITY IN LEGAZPI CITY			
			May 20, 2024			
	108	pax	AM Snack, Lunch and PM Snack	<input type="checkbox"/> Comply	P	P
			May 21, 2024			
	108	pax	AM Snack, Lunch and PM Snack	<input type="checkbox"/> Comply	P	P
			May 22, 2024			
	108	pax	AM Snack, Lunch and PM Snack	<input type="checkbox"/> Comply	P	P
			May 23, 2024			
	108	pax	AM Snack, Lunch and PM Snack	<input type="checkbox"/> Comply	P	P
			MENU SHALL PROVIDED BY THE SERVICE PROVIDER			
			Food Requirements: Snack with bottled/ canned beverages Lunch with 2 viands(chicken/ pork, vegetables with dessert/ soup) With bottled/ canned beverages			
			Note: This includes <u>all Amenities</u> you conformed in the Standard Requirements for Venue attached in the RFQ. ABC: Php 216,000.00			

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IMPORTANT REMINDERS:

1. Price quotation/s must be valid for a period of ____ calendar days from the date of submission.
2. DELIVERY PERIOD: As scheduled
3. PLACE OF DELIVERY: As specified
4. TERM OF PAYMENT: CHARGED ACCOUNT, unless specified.
5. LIQUIDATED DAMAGES: **One-Tenth Of One Percent (0.001) of the cost of the unperformed portion of the contract for every day of delay.** Once the cumulative amount of liquidated damages reaches ten percent (10%) of the amount of the contract, the DSWD FOV **may rescind or terminate the contract**, without prejudice to other courses of action and remedies available under the circumstances.
6. Required documents to submit:
 - a. PhilGEPS Certification Number
 - b. Valid Mayor's or Business Permit
 - c. Latest Income Tax Return
7. As a condition for **AWARD**, you will be required to submit the following documents:
 - a. _____
 - b. _____
8. For any clarifications, you may contact the BAC Secretariat at procurement.fo5@dswd.gov.ph or at 0910-017-0811 **MAY 10 2024**
9. Submit your quotation duly signed by you or your duly authorized representative not later than the deadline on _____.

JUDEX DONNEL G LLAMOSO
AO IW/ Head-PROCUREMENT

[Signature]
Signature over Printed Name of Convasser

Signature over Printed Name of Bidder/Authorized Representative